

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015232

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2300

2300

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
7 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
514 1/2 Main

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Clyde

Middle R.

Last Grant

4. DATE OF DEATH April 23, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-28-92

9. AGE (last birthday) 69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Pensioner

10b. KIND OF BUSINESS OR INDUSTRY V.A.

11. BIRTHPLACE (City and state or country) Unknown

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W. II

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT Address Veterans Administration: K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral Broncho-pneumonia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-22-62 to 4-23-62 and last saw her alive on 4-23-62
Death occurred at 11:58 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or Title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

4-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE 4-27-62

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) Ft. Leavenworth, Kan.

(State)

24. FUNERAL DIRECTOR

Weilert's: 6900 Troost: K.C. Mo.

25. DATE RECD. BY LOCAL REG. 4-26-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Ellis

ITEM NO.

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Weiler

Licensed Embalmer No. 4075

P. O. Address K. C. S. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.